

DEFENDANT INFORMATION FORM IN RESTRAINING ORDER CASES (Provided by Plaintiff)		DOCKET NO. – COURT USE ONLY	TRIAL COURT OF MASSACHUSETTS
DEFENDANT'S NAME		DEFENDANT'S DOB	COURT DIVISION
ATTENTION: PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. IF A PROTECTIVE ORDER IS ISSUED, THIS INFORMATION WILL HELP POLICE FIND THE DEFENDANT AND SERVE THE DEFENDANT WITH A COPY OF THE ORDER.			
OTHER NAMES USED BY THE DEFENDANT:			
HOME ADDRESS _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street City State Zip </div> IMPORTANT: Apartment No. _____ Floor No. _____ Name on Door/Mailbox _____			
WORK ADDRESS _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Name of Company / Employer </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street City State Zip </div> Department _____ Title _____ Tel. No. (_____) _____ Work Hours _____			
OTHER PLACES DEFENDANT MAY BE FOUND (Friends, bars, relatives, hangouts)			
BEST PLACE TO FIND DEFENDANT		BEST TIMES	
DEFENDANT UNDERSTANDS ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, WHAT LANGUAGES?:			
DESCRIPTION FOR PURPOSES OF SERVICE <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Race _____ Eyes _____ Hair _____ Height _____ Weight _____ Build _____ Other _____ (Beard, glasses, scars, tattoos, acne, hairstyle)			
PHOTOGRAPH AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No (Photographs are very helpful to police in identifying Defendants.)			
MOTOR VEHICLE: License Plate # _____ Year _____ Make _____ Model _____ Color _____			
DOES DEFENDANT HAVE: (describe very briefly) 1. A history of violence towards police officers? <input type="checkbox"/> No <input type="checkbox"/> Yes 2. A history of using/abusing drugs or alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes What kind? 3. Access to guns, a license to carry, or possess a gun? <input type="checkbox"/> No <input type="checkbox"/> Yes What kind? 4. Psychiatric/Emotional Problems? (Treated/Hospitalized?) <input type="checkbox"/> No <input type="checkbox"/> Yes What kind?			
ANY OTHER INFORMATION WHICH MIGHT BE HELPFUL IN LOCATING THE DEFENDANT			
PLAINTIFF'S NAME _____			
DATE	PLAINTIFF'S SIGNATURE <div style="text-align: center; font-size: 24px;">X</div>		